

Dow AgroSciences LLC
9330 Zionsville Road
Indianapolis, IN 46268-1054

-008

308 Building/2A
February 11, 2002



Document Processing Desk - 6(a)(2)
Office of Pesticide Programs - 7504C
U.S. Environmental Protection Agency
Ariel Rios Building
1200 Pennsylvania Avenue, NW
Washington, DC 20460-0001

RE: FIFRA § 6(a)(2) Report
Vikane* Gas Fumigant
EPA Registration Number: 62719-4
Active Ingredient: Sulfuryl Fluoride
CAS Registry Number: 002699-79-8
DERBI Number: 104609
State: FL
Severity Category: H-B

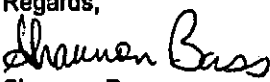
Dow AgroSciences submits the following information in response to its understanding of the U.S. Environmental Protection Agency's interpretation of FIFRA § 6(a)(2). However, Dow AgroSciences has not concluded that this information regards an "unreasonable adverse effect on the environment" or that it is reportable under FIFRA § 6(a)(2).

Dow AgroSciences received the enclosed information regarding an alleged human exposure.

It is important to note that the Vikane Gas Fumigant label requires the introduction of chloropicrin to the structure prior to fumigation at a rate of one ounce per 10,000-15,000 feet (17-25 ppm) to serve as a warning agent. This warning agent causes smarting of eyes, tearing, throat and nose irritation, and a disagreeable pungent odor at very low concentrations (ca. 0.3 ppm).

The Vikane Gas Fumigant label states the following: "When fumigating, observe local, state and federal rules and regulations including such things as use of chloropicrin, clearing devices, positive-pressure self contained breathing apparatus, security requirements, and placement of warning signs: Extremely Hazardous Liquid and Vapor Under Pressure, Inhalation of Vapors may be Fatal." Under the "Preparation for Fumigation" section of the label, the use directions for structural fumigation state "Remove from the structure to be fumigated all persons, domestic animals, pets - including fish and desirable growing plants." Also, under the Aeration and Reentry section of the label, use directions state "... treated area must be aerated until the level of sulfuryl fluoride is 5 ppm or less, as measured by a detection device with sufficient sensitivity such as an INTERSCAN or MIRAN gas analyzer." Within this section of the label it further states "Do not reoccupy fumigation site, i.e. building, ship, vehicle or chamber, nor move vehicle until aeration is complete."

If you wish to discuss this matter further, please call us.

Regards,

Shannon Bass
EH&S Global Product Leader
(317) 337-4983

Prepared by:

Stacey Fruits
Product Stewardship Administrator
(317) 337-4577

*Trademark of Dow AgroSciences



FIFRA § 6(a)(2) Global Adverse Effects Reporting Form

FIFRA § 6(a)(2) does not require investigation of alleged incidents. Please complete this form, to the best of your ability, with the knowledge you have on any incident without further investigation. However, if you receive additional information it is your responsibility to submit a supplemental report.

Send completed forms to:

e-mail: Aerc@dowagro.com

Questions: Global AERC Administrator
(317) 337-4656

mail: Dow AgroSciences
9330 Zionsville Road
Indianapolis, IN 46268
Attention: AERC-308 Building

Administrative Information

Your Name: Paul Brownson
Date you became aware of the Incident: (month/day/year) 1-18-02

Reporter (person reporting incident to you):

Last Name: Reece	First Name: Dr. Jay	
Street Address: 10320 N. 56st Street		
City: Tampa	State/Country: FL	Zip Code: 33617-4057
Telephone Number: 813-988-8311, fax 813-989-3164		

Contact Person (if different from the Reporter)

Last Name: Hinds	First Name: David	
Street Address: DAS 9330 Zionsville Rd, 308/3A-314		
City: Indianapolis	State/Country: IN	Zip Code: 46268
Telephone Number: 317-337-4396		

Product Information

Product(s) involved: Vikane
U.S. EPA Registration Number: 62719-4
Exposed to concentrate prior to dilution: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown

Revised: 7/25/00

DERBI: 104609
Report: Yes ☒ No ☐
If no, Why:
Date: 1-18-02
SC-HB

Exposure Information

Date of Exposure: unknown
Geographical location of exposure: Florida
How exposed? <input type="checkbox"/> Direct Contact <input type="checkbox"/> Ingestion <input checked="" type="checkbox"/> Inhalation <input type="checkbox"/> Spill <input type="checkbox"/> Other _____
Brief description of alleged incident: 1-18-02 Dr. Jay Reece of Tampa FL inquires regarding biomonitoring for a patient with alleged Vikane exposure: this patient does fumigation with Vikane & has been noted by family to demonstrate mood swings and apparent personality changes. Dr. Reece wishes to rule out Vikane exposure as a cause, and inquires regarding biomonitoring methods. I described ACGIH Biologic Exposure Indices for pre & post exposure urine fluoride monitoring (preshift 3.0 mg/gm creatinine, postshift 10mg/gm creatinine). I pointed out confounding sources of urine fluoride such as toothpaste, treated water, vitamins, etc. I faxed Dr. Reece LabCorp's catalog page for urinary fluorides and a TIME A report on sulfuryl fluoride.

Application Circumstances

Evidence label directions were not followed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown
Application was made by: <input checked="" type="checkbox"/> Pest Control Operator <input type="checkbox"/> Lawn Care Operator <input type="checkbox"/> Homeowner <input type="checkbox"/> Other _____
Circumstances regarding application: Unknown
Type of incident: <input checked="" type="checkbox"/> Human <input type="checkbox"/> Domestic Animal <input type="checkbox"/> Fish/Wildlife (Fill out the appropriate attached page)

Alleged Human Exposure

Clarify how many people are involved with the alleged exposure:	
Age, if known, adult or child:	<input type="checkbox"/> Child <input checked="" type="checkbox"/> Adult
Gender:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female If female, is she pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Occupation (if related to use of product): PCO	
Was protective clothing worn: <input type="checkbox"/> Yes <input type="checkbox"/> No unknown	
How many workdays were lost due to illness: unknown	
Route of exposure: <input type="checkbox"/> Skin <input type="checkbox"/> Eye <input type="checkbox"/> Ingestion <input checked="" type="checkbox"/> Inhalation <input type="checkbox"/> Unknown	
Was alleged adverse effect a result of: <input type="checkbox"/> Suicide/Homicide <input type="checkbox"/> Attempted suicide/homicide <input checked="" type="checkbox"/> N/A	
Time between exposure and onset of symptoms: (hr/day/min) unknown	
Symptoms experienced: Mood swings & observed personality changes	
Type of medical care sought: clinic	
Laboratory test results: (attach copy if available)	
Explanatory or qualifying information surrounding the incident:	

Treating Physician's Information

Last Name: Reece	First Name: Jay	
Street Address: 10320 N. 56st Street		
City: Tampa	State/Country: FL	Zip Code: 33617-4057
Telephone Number: 813-988-8311		